		STANDARD	2017			File No	
BIRTH NO		_ REG. DIST. NO. <u></u>	<u> </u>	PRIMARY REG. DIST	. NO. 4477 Regis	trar's No1	2.2
1. PLACE OF DEA	ATH			2. USUAL RESII	DENCE (Where decessed live to COL	ved. If institution:	reski
a. COON! Y	Shelby (County		a. sikie	issouri ". wo	Shelby	/A
b. CITY (Il outside co	rporate limits, write R	URAL and give C. L	ENGTH OF Y (in this place)	c. CITY (If outside o	orporate limits, write RURAL as		7 6
		MO. 16	<u> Yrs</u>	OR TOWN	Shelbina		
d. FULL NAME OF (HOSPITAL OR INSTITUTION	(If not in bospital or in NO	natitution, give street addre NO	es or location)	d. STREET ADDRESS	(if raral, give location) None		
3. NAME OF DECEASED	a. (First)	b. (Mld	dle)	c. (Last)	4. DATE	(Month) (Day) (
(Type or Print)	William	Wadworth H	For		OF DEATH]	-21-1950	`
	COLOR OR RACE			8. DATE OF BIRTH	9. AGE (In year		J DK
- · · - · · · · · · · · · · · · · · · ·		7. MARRIED, NEVER WIDOWED, DIVORC	ED (Specify)		last birthday)	Months Days	Hou
Male 2	Black	Marrie		2-20-1877	1 72	<u> </u>	
10a. USUAL OCCUPATIO	ON (Give kind of work	lob. KIND OF BUSIN	IESS OR IN-	11. BIRTHPLACE (8ta	te or foreign country)	12. CIT	IZEN NTRY
done during most of world	ng	Same	555111	Monroe C	o. Mo: U	່ເເຮັ	
3a. FATHER'S NAME			R'S MAIDEN		14. NAME OF HUSBANI		-
	am Fox	i		n Magruder		Fox	
							400
15. WAS DECEASED EVE (Yes, no, or unknown) (If	ER IN U.S. ARMED : f yes, give war o g dates	ad accordant	SECURITY NO.		'S SIGNATURE OR N		ADD
1/0	<u> </u>	1 .	X 110.	Anna K. F	ox, Shelbina	. <u>Mo.</u>	
18. CAUSE OF DEATH		M	EDICAL C	ERTIFICATION	0 1		RVAL I
Enter only one cause per	I. DISEASE OR CO	ONDITION ING TO DEATH*(a)	مدروط	addid a	Line Line	UNS	T AN
line for (a), (b), and (c)	DINESTET EST	(a)	Magore		your sier		
*This does not mean	ANTECEDENT CA	AUSES	//2		of The land	-	•
" I RES AGES THOU THENTS			1/////		'		
	Market condition	e if any cising DUE TO	(B(AALIX	rioselesal	ce - Nemeroca	mue ·	
the mode of dying, such as heart failure, asthenia,	Morbid condition	s, if any, giving DUE TO ause (a) stating	(B) (A) IX	riorelesol	la bleene	nve	
the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid condition rise to the above co the underlying can			rioselesol dio vocaci	lor bleen	nve	
the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-		DUE TO		dio vocac	lar bleine		•
the mode of dying, such as heart fallure, asthenia,	II. OTHER SIGNII	DUE TO	(c)	dio vocac	lor bleen	1/2/1	<u> </u>
the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	II. OTHER SIGNII	DUE TO	(c)	riorelesol dio vocac	lor bleen	The state of the s	<u> </u>
the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERA-	II. OTHER SIGNII Conditions contril related to the disea	DUE TO FICANT CONDITIONS butting to the death but not	(c)	kiorelesol dio vocac	lor bleene	20' A) ÚTOP
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1 7 1957

STATEMENT BY LICENSED EMBALMER

FEB 6

District Health Officer N

District File Number

I hereby certify that the body whose name is recorded on	the reverse side of this ce	rtificate was embalmed b	y me, or by
	,	Student Embalmer No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
orking under my personal supervision.	P,	11/4/	Q:

P. O. Address Shelberg Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated abover